

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12	1					
13		1				
14		2				
15		1				
16		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	23					
TOTAL CLAIMS	26					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						